

JUST IN CASE...GENERAL INFORMATION

This information is for the use of any authorized persons, including family.

Resident:

Date of Birth:

Physical Address:

Telephone/Landline:

Telephone/Cell (include password):

ICE Contact:

Relationship:

Physical Address:

Telephone:

Secondary Contact:

Relationship:

Physical Address:

Telephone:

Primary Health Care Provider/Contact Information:

Medical Conditions:

Pharmacy/Telephone:

Power of Attorney? Yes No Who?

Advance Directive: Yes No Where is a copy?

Name of Health Proxy/Contact Information:

Attorney Name/Telephone:

Bank:

Insurance Information:

- Copy of social security card. Where?

- Copy of long term-care policy. Where?

- Copy of home property insurance. Where?

- Copy of automobile insurance policy. Where?

Vehicle/Keys:

- Where is vehicle title?

- Where is vehicle insurance card?

Pets in home:

- Vet Name/Telephone:

- Food/Feeding times:

Residence Information:

- Helper for cleaning

- Helper to plow, mow, garden, other

- Other

- Trash Disposal/Day

- Heating Fuel Dealer

- Water turn off

List of Medications:

(attach a medication list to this sheet and remember to update it whenever it changes)
